

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION NO. **09/868666**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	12		24			
TOTAL CLAIMS	14		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS